

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		1					52		
3		2					53		
4		2					54		
5		2					55		
6		0					56		
7		0					57		
8		0					58		
9		0					59		
10		0					60		
11			1				61		
12				/			62		
13				/			63		
14				/			64		
15				/			65		
16				/			66		
17				/			67		
18				/			68		
19				/			69		
20				/			70		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			1				TOTAL IND.		
TOTAL DEP.			9				TOTAL DEP.		
TOTAL CLAIMS			10				TOTAL CLAIMS		